**International Fellowship of Bible Churches**

**Chaplain Initiatives**

**APPLICATION**

**FOR ECCLESIASTICAL REGISTRATION / ENDORSEMENT**

(non-military)

Revised 170522

**Use this form when applying**

**to serve as a chaplain with:**

Campus

Industrial

Workplace

Correctional

Institution

Law Enforcement

Volunteer

Counseling

VA

Fire Department

Health Care, including

EMT

Hospice

Hospital

Nursing Home

Retirement

Assisted Living

Home Health

1. **ENCLOSE (the application, together with everything below may be scanned and emailed to** [gary@garyhedges.com](mailto:gary@garyhedges.com).  **Exception: Items 3 & 7 must be received through regular mail.)**
2. A Life Sketch including your motivation for wanting to serve in the position for which you are seeking registration/endorsement. (**A minimum of two and no more than five pages)**
3. A statement of your understanding of ministry. Discuss your understanding from the biblical, theological, historical, and social perspectives with particular reference to the expression of ministry for which you seek registration/endorsement. How do you understand your call to the ministry as it is lived out in the setting for which you seek endorsement? (**A minimum of two and no more than five pages)**
4. If you attended, request your college, seminary/graduate and/or postgraduate institutions to send certified transcripts to: **Director of Chaplain Initiatives**

**International Fellowship of Bible Churches**

**<CDI’s Address>**

1. Send any quarterly Clinical Pastoral Education (CPE) evaluations if applicable.
2. Certifications of any CPE units.
3. Recent digital photo (send by email attachment).
4. A physically signed copy of the Background Authorization Form
5. A copy of any application you have submitted for employment as a chaplain.
6. A copy of any other document(s) you feel might shed some light on your potential for the ministry of chaplain.
7. First month’s support check. See X.A.2 and Appendix G. The check will be applied to the month in which the application is approved. Check will be returned or refunded if application is denied. **Do not send the check with this application. Instead, make it payable to IFBC for “chaplaincy support” and send it to the General Superintendent.**
8. A check for the non-refundable Application Fee in the amount of $50.00. See X.A.2. **Do not send the check with this application. Instead, make it payable to IFBC for “chaplaincy app fee” and send it to the General Superintendent.**

NOTE: The application is not considered complete until everything is received from this list and any other requirements noted in the application form.

Initial:

**B. BIOGRAPHICAL INFORMATION:**

1. Name:       Social Security:
2. Address:

1. Phone: (office)

(home)

(cell)

(fax)

1. E-mail:
2. Date of birth:       Place of birth:
3. U.S. citizen?  Yes  No (if “no” please attach explanation of status with

documentation)

1. Social Security Number:
2. Marital status: (check all that apply)  Never married

Married

Widowed(er)

Divorced

Separated

Remarried

If you have checked Divorced or Separated please provide documentation as attachment/s.

1. Spouse: Name

Birthday

Anniversary

1. Children:

First

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Second

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Initial:

Third

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Fourth

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Fifth

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

If more, list below

1. Education:
   1. College

Institutional Name

Location

Degree

Year

* 1. Graduate

Institutional Name

Location

Degree

Year

* 1. Postgraduate

Institutional Name

Location

Degree

Year

1. List other educational achievements, honors, awards, publications, etc.

Initial:

**C. ECCLESIASTICAL STATUS (currently):**

1. If attending an IFBC church: Name of local church

Pastor’s name

Member?  Yes  No

2. If attending an IFBC church: Name of local church

Address (city/state)

Pastor’s name

Pastor’s phone

(office)

(cell)

Pastor’s email

Member?  Yes  No

3. Ordained?  Yes  No Date ordained:

4. Licensed (if not ordained)?  Yes  No Date       Type

5. From which organization do you hold the above credential?

Name

City/State of headquarters

5. Pastoral experience in chronological order beginning with the present.

(Indicate whether student, associate, full-time, etc. with dates and positions)

Initial:

**D. PERSONAL DATA:**

**Note**: No information given in this section guarantees or precludes a successful application, but does reflect areas which we may need to explore together to enhance your prospective ministry.

1. Are you in good health?  Yes  No

2. List any physical conditions for which you are under a physician’s care.

3. Have you or your spouse had treatment for mental or emotional illness?  Yes  No

If “yes”, please explain.

3. Do any of your children have special needs?  Yes  No

If “yes”, please explain.

1. List your service in civic and community organizations other than your church.

1. Have you ever been arrested and/or convicted (other than vehicular moving violations?

      Yes  No

If “yes”, please give the date, nature and outcome of the offense(s).

1. Have you filed for bankruptcy in the past 7 years?  Yes  No

If “yes”, please explain.

1. Previous military service?  Yes  No If “yes”, please elaborate.

Inclusive Dates

Department (Army, Navy, etc)

Branch

MOS

Type of separation

Date of separation

Initial:

**E. REFERENCES:**

1. Pastor

Title

Name

1. Four other persons familiar with your ministry (include a ministry peer, co-worker, and friend). Before you list their name, you must contact them and get their commitment to received and respond to communication about you.

(1)

1. Title
2. Name
3. Relationship
4. Mailing Address
5. Phone, cell
6. Phone, home
7. Phone, office
8. Email address

(2)

1. Title
2. Name
3. Relationship
4. Mailing Address
5. Phone, cell
6. Phone, home
7. Phone, office
8. Email address

(3)

1. Title
2. Name
3. Relationship
4. Mailing Address
5. Phone, cell
6. Phone, home
7. Phone, office
8. Email address

(4)

1. Title
2. Name
3. Relationship
4. Mailing Address
5. Phone, cell
6. Phone, home
7. Phone, office
8. Email address

1. C.P.E. Supervisor (if applicable):
2. Title
3. Name
4. Relationship
5. Mailing Address
6. Phone, cell
7. Phone, home
8. Phone, office
9. Email address

Initial: